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COPY OF PAPERS  
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February 22, 2002

Date of Deposit

Craig A. Summerfield, Reg. No. 37,947

Name of applicant, assignee or  
Registered Representative

*Craig A. Summerfield*

Signature

*2/22/02*

Date of Signature



Attorney Docket No.: 1999P82176US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Randall L. Schlesinger, et al.

Serial No.: 09/401,632

Filing Date: September 22, 1999

For: MEDICAL DIAGNOSTIC ULTRASOUND  
CATHETER WITH DIELECTRIC  
ISOLATION

Examiner: C. Serke

Group Art Unit No.: 3763

**REQUEST FOR CORRECTION OF FILING RECEIPT**

Commissioner for Patents  
Washington, D.C. 20231

Attention: Application Processing Division  
Customer Correction Branch

Sir:

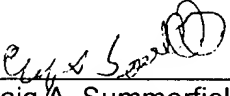
Applicants request the issuance of a corrected filing receipt (copy enclosed) for the above-referenced patent application, and in support of this request respectfully requests that the Attorney Docket Number be changed from 5050-582 to: 1999P82176US.

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The Commissioner is hereby authorized to charge any fees required to Deposit  
Account No. 23-1925.

Respectfully submitted,

  
\_\_\_\_\_  
Craig A. Summerfield  
Registration No. 37,947  
Attorney for Applicants

BRINKS HOFER GILSON & LIONE  
P.O. BOX 10395  
CHICAGO, ILLINOIS 60610  
Tel. (312) 321-4200

FILING RECEIPT



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UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
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Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/401,632	09/22/99	3734	\$1,222.00	5050/582	2	37	5

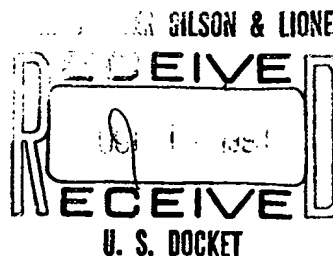
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P O BOX 10395  
CHICAGO IL 60610

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) RANDALL L. SCHLESINGER, SAN MATEO, CA; MATHEW RAHIMI,  
SANTA CLARA, CA.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/12/99  
TITLE  
MEDICAL DIAGNOSTIC ULTRASOUND CATHETER WITH DIELECTRIC ISOLATION  
PRELIMINARY CLASS: 604

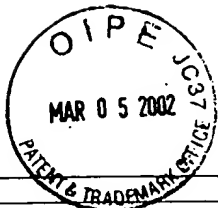
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DATA ENTRY BY: HARDY, EUGENIA

TEAM: 03 DATE: 10/12/99

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TRANSMITTAL LETTER			Case No. 1999P82176US
Serial No. 09/401,632	Filing Date September 22, 1999	Examiner C.Serke	Group Art Unit 3763
Inventor(s) Randall L. Schlesinger, et al.			
Title of Invention MEDICAL DIAGNOSTIC ULTRASOUND CATHETER WITH DIELECTRIC ISOLATION			

TO THE COMMISSIONER FOR PATENTS

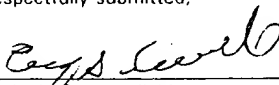
Transmitted herewith is Response and Amendment to Office Action dated November 29, 2001; Request for Correction of Filing Receipt; Associate Power of Attorney and Change of Correspondence Address; Copy of Correction of Filing Receipt; return post card.

- ☐ Small entity status of this application under 37 CFR § 1.27 has been established by verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §§ 1.9 and 1.27 is enclosed.
- ☐ Petition for a \_\_\_\_\_ month extension of time.
- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:

				Small Entity		or	Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus			x \$9 =		x \$18 =	
Indep.		Minus			x 42 =		x \$84 =	
First Presentation of Multiple Dep. Claim					+ \$140 =		+ \$280 =	
					Total add'l fee	\$	Total add'l fee	\$

- ☐ Please charge Deposit Account No. 23-1925 (BRINKS HOFER GILSON & LIONE) in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this communication or credit any overpayment to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.
- ☒ I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

  
Craig A. Summerfield  
Registration No. 37,947  
Attorney for Applicant

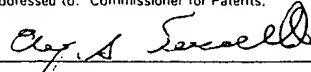
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